

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10593944

Filing Date

Applicant(s) **Laurent Caron**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1		1				51					
2		1		1			52					
3		2		1			53					
4		2		1			54					
5		2		1			55					
6		(1)		1			56					
7		(1)		1			57					
8		(1)		1			58					
9		(1)		1			59					
10		(1)		1			60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	1		1		0							
Total Depend	12	←	9	←	0	←						
Total Claims	13	██████████	10	██████████	0	██████████						